


<b>MEDICAL POLICY</b>	<b>Hip: Total Joint Arthroplasty (Medicare Only)</b>
<b>Effective Date: 6/1/2021</b>   6/1/2021	Medical Policy Number: 133
	Medical Policy Committee approved Date: 11/12; 1/14; 1/15; 4/15; 8/16; 10/17; 12/18; 3/2020; 05/2021
Medical Officer	Date

**See Policy CPT CODE section below for any prior authorization requirements**

**SCOPE:**

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Medicare only

**MEDICARE POLICY CRITERIA**

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Total Hip Arthroplasty (THA)</i>	<ul style="list-style-type: none"> <li>Local Coverage Determination (LCD): <a href="#">L36573</a>, Total Hip Arthroplasty<sup>1</sup></li> <li>Local Coverage Article (LCA): <a href="#">A57684</a>, Billing and Coding: Total Hip Arthroplasty<sup>2</sup></li> </ul>

**POLICY GUIDLEINES**

**Utilization Guidelines**

These services are expected to be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters they may be subject to review for medical necessity.

The devices/implants utilized for total hip replacement surgeries are regulated by the FDA as medical

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devices. The devices used should be class II or class III devices that meet the requirements outlined in CFR 21, Chapter 1, subchapter H, Part 888.

**CPT CODES**

<b>Medicare Only</b>	
Prior Authorization Required	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft

**INSTRUCTIONS FOR USE**

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

**REGULATORY STATUS**

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

## REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): L36573. LCD Title: Total Hip Arthroplasty. Revision Effective Date: For services performed on or after 12/01/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36573>. Accessed 03/31/2021.
2. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): A57684. LCA Title: Billing and Coding: Total Hip Arthroplasty. Original Effective Date: 12/01/2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57684>. Accessed 03/31/2021.